

STATE OF MICHIGAN - DEPARTMENT OF LABOR AND ECONOMIC GROWTH
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

735 E. Michigan Avenue
PO Box 30044 – Lansing, MI 48909

This form is issued under authority of Act 346 P.A. 1966. Completion and execution of this form is required. Failure to complete and execute this form may result in the termination of the construction subcontract.

GENERAL CONTRACTOR'S COMPILED MONTHLY WORKERS UTILIZATION REPORT
(To be submitted at 50% and 100% completion of the development)

TO: Michigan State Housing Development Authority EEO/Fair Housing P.O. Box 02990 Detroit, MI 48202				FROM:													
NAME OF DEVELOPMENT AND MSHDA NUMBER				REPORTING MONTH AND YEAR				PERCENT DEVELOPMENT COMPLETE									
SUB'S NAME AND IRS NUMBER AND SOCIAL SECURITY NUMBER		FOR MSHDA USE ONLY		HOURS WORKED BY MALES					HOURS WORKED BY FEMALES					HOURS WORKED DISABILITY			
				Bl/ A Am	Hp/ Lt.	As.	Am. I/ Al. Na.	Na. Nw/ PI	Other	Bl/ A Am	Hp/ Lt.	As.	Am. I/ Al. Na.	Na. Nw/ PI	Other	MALE	FEMALE
Key: BL/A Am – Black/African American; HP/Lt – Hispanic or Latino; AS – Asian; Am. I/Al.Na. – American Indian or Alaska Native; Na.Hw/PI – Native Hawaiian or Other Pacific Islander; Other – anyone not in specific categories listed above.																	

Signature of General Contractor's EEO Officer

Date Signed

Telephone Number